

### Provider Emergency Response Information Form

Foster Family Name	Name of Provider #1	Name of Provider #2
Residence Address (Street, City, State, ZIP)		
Mailing Address (if different)		
Home Telephone Number	Cell Phone Number	E-Mail Address

Directions to the home:

  
  

Please indicate if the home is identified as located in a natural high-risk area, such as flood plain, avalanche zone, etc.

Work Location	Work Location
Provider Name	Provider Name
Employer Name	Employer Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Phone number	Phone number
Evacuation Location	Evacuation Location

Foster families must have an emergency procedure so they can be located in the event of an emergency or disaster (natural or otherwise). Please answer the following questions so that OCS can locate you in the event of a natural disaster or an emergency that may or has required you to evacuate your area. A copy of this plan will be provided to you. Please notify your worker **immediately** if there are any changes to this plan.

#### **A. EMERGENCY CONTACTS**

Please designate two people that do not live with you and whom you will call to tell them of your location and contact information, or with whom you will stay, in the event you must evacuate your home. OCS will contact them in the event of such an emergency.

Contact #1	Contact #2
Name	Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Home phone number	Home phone number
Mobile/secondary phone number	Mobile/secondary phone number

### Provider Emergency Response Information Form

**B. EMERGENCIES/EVACUATION**

In the event of an emergency where returning home is not an option (i.e., fire, earthquake, damage to home), I (we) plan to (complete all sections):

<input type="checkbox"/> <b>Stay in a hotel</b>	<input type="checkbox"/> <b>Stay with family/friends</b>
Name	Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Phone number	Phone number

Name	Name
Address (Street, City, State, ZIP)	Address (Street, City, State, ZIP)
Phone number	Phone number

If none of the above, please describe your alternate plan:

2. Is there anyone in your home who would require special attention during an evacuation (check one)?

Yes       No

Name(s)	Type of attention needed

**Note:** OCS policy requires children to be evacuated if an evacuation is ordered for an area. As soon as possible after evacuating, and no later than 24 hours if possible, call your local office, or regional office to notify OCS of each child's whereabouts and condition as required by OCS Policy.